

FALSE ALARM NOTICE

Case Number: _____

Charge Code: 3.7

Permit Number: _____

Geo Code: _____ Beat: _____



NOTICE OF ALARM PERMIT SUSPENSION



SECONDARY RESPONSE OPTION

Alarm Holder Signature _____

Date _____

By checking this option box and providing my signature above, I understand that BAPD will not respond to an intrusion alarm at the address listed below unless/until the alarm company and/or I have determined an offense has occurred.

Please sign, date and return this form to address on back.

City of Broken Arrow & Broken Arrow Police Department

To Whom It May Concern:

On the _____ day of _____, 20____, at _____m. The Broken Arrow Police Department responded to an alarm call at:

Business/Owner Name: _____

Street Address/Zip Code: _____

The responding officer's investigation revealed the alarm appeared to be false. If you determine a crime may have actually been committed at this location, please contact the Broken Arrow Police Department at (918) 259-8400 to ensure a report is made. If the alarm was due to mechanical or electronic influence outside the property, please forward documentation to BAPD to cancel this warning letter.

The Broken Arrow Police Department recognizes the installation of an alarm system is a very effective way to reduce the possibility of a crime. A properly functioning alarm system helps deter criminals and provides better detection of an actual crime.

Recommendations to reduce the possibility of future alarms at this location:

1. Contact your alarm company about the false alarm. Ensure your system is installed and functioning properly. Most alarm companies have procedures to reduce false alarms.
2. Make sure all persons operating the system understand how it functions and your alarm company has provided the necessary education and support to operate the system effectively.
3. Be sure your list of emergency contact information is up to date with BAPD and your alarm company.

Broken Arrow City Ordinance 3.7 requires the assistance of the alarm owner and the alarm company in an effort to reduce the number of false alarms in our city. This ordinance requires a first responder permit. In the event of three false alarms within a 90-day period, your first responder permit at this location will be suspended. This form will serve as the Notice of Alarm Permit Suspension. **Owners without a valid permit will be subject to fine for any/all false alarm responses.**

For information on obtaining or reinstating a first responder permit, contact the City Finance Department at 259-8407. Permits may be reinstated only twice during the permit year. Subsequent violations may result in the permit being revoked for the remaining permit year.

Officer Signature: _____

Police-white copy

Finance-canary copy

Badge #: _____ ID#: _____

Alarm Owner-pink copy

Affix
Postage
Here

Secondary Alarm Response

Broken Arrow Police Department
C/O Records Division
2302 S. First Place
Broken Arrow, Ok. 74012

Fold Here

Fold Here